

LOOKING BEYOND THE WAITING ROOM: EXAMINING THE USE OF NORTHERN ONTARIO WALK-IN CLINICS

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Review of Literature Northern Ontario

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- 802,000km²
- 6.5% of the provincial population
- Communities are considered:
 - ▣ Rural
 - ▣ Remote
 - ▣ Isolated
- Population:
 - ▣ Anglophone
 - ▣ Francophone
 - ▣ Aboriginal

(MOHLTC 2011; MOF, 2006)

Northern Ontario's Dilemma

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Access to Primary Health Care in Northern Ontario

One of many repercussions

Increased Utilization of the ED

- Family Physicians -

Decreased accessibility and Fte's

Increased Utilization of Walk-in Clinics (WIC).

Issues Pertaining to Continuity of Care for Patients Without a Family Physician

Role and Reasons of Implementation of WIC's

Number of Family Practice Patients using the WIC

Acute Conditions

Chronic Conditions

Operational Definitions

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□ **Chronic Illness**

- “Any disease that develops slowly and lasts a long time.
- Examples of common chronic illnesses are:
 - Diabetes,
 - Arthritis,
 - Congestive Heart failure,
 - Alzheimer's disease,
 - Parkinson's disease, and
 - Stroke
- Chronic conditions are typically caused by multiple factors (family history, behaviour, and environment.”

□ **Acute Illness**

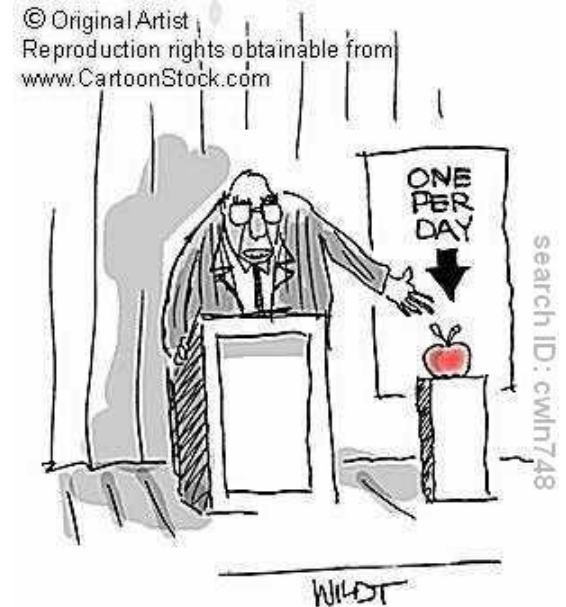
- “Typically starts suddenly and is short lived.
- Two common examples are colds and the flu.
- Some acute illnesses, those caused by viruses, will go away by themselves or with good home care; while others can be cured by antibiotics or other medical treatment.”

(Carlson, 2008).

Research Questions

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- A) How many patients using the WIC have a family physician?
- B) What proportion of patients utilize the WIC for acute and chronic care?



"We have heard your demand for preventive health care. These things will now be available in the soda machines."

Patient Statistics and Demographics

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- The gender distribution of the respondents was 61.5% female (n=209) and 38.5% male (n=131) .
- The average age of respondents was 34.01 years old. The mean age of females was 34.03 years of age and of males was 33.84 years (t=0.921; p=0.926).
- 86 % Response Rate

Table 1: Respondent Access to Primary Care Provider (n=344)

Access to a Primary Care Provider (n=344)	Frequency	Percent
No	72	21.8
Yes	258	78.2
Missing Responses	14	
Types of Primary Care Providers (269)	Frequency	Percent
Family Physician	202	75.1
Nurse Practitioner and Other	11	4.1
Walk-in Clinic	56	20.8
Missing	75	

Table 2: Nature of Treated Illness's in WIC's

Treated Illnesses (n=344)	Frequency	Percent
Acute Illness		
Yes	227	66.6
Missing	3	0.9
Chronic Illness		
Yes	37	10.9
Missing	3	0.9
Prescription Refill		
Yes	88	25.8
Missing	3	.9
Injection		
Yes	19	5.6
Missing	4	1.2
Administration		
Yes	26	7.6
Missing	16	4.8

Table 3: Respondents Motives for Using the WIC

Motives for using the WIC (n=344)	Frequency	Percent
Extended Hours		
Yes	172	50.0
No	172	50.0
Low Waiting Room Times		
Yes	118	34.6
No	223	65.4
Physician on Staff		
Yes	74	21.8
No	266	78.5
Other Motives		
Yes	126	37.5
No	212	62.7
I.e.: Location	55	16.0
Missing	14	4.1

Table 4: Chi-Square Analysis of Acute and Chronic Conditions for Patients With and Without a Family Physician (n=327)

ACUTE	No	Yes	Total
No Primary Care Provider			
Count	34 (42.7%)	38 (58.2%) *	72 (100%)
Yes Primary Care Provider			
Count	76 (29.8%)	179 (70.2%) *	255 (100%)
Total			
Count	110 (33.6%)	217 (66.6%)	327 (100%)

***Pearson Chi-Square=0.06; p=0.005.**

CHRONIC	No	Yes	Total
No Primary Care Provider			
Count	58 (80.6%)	14 (19.4%)*	72 (100%)
Yes Primary Care Provider			
Count	233 (91.4%)	22 (8.6%)*	255 (100%)
Total			
Count	291 (89.0%)	36 (11.0%)	327 (100.0%)

***Pearson Chi-Square=0,010; p=0,012.**

Discussion/Implications

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- So you have a family physician, now what?
 - ▣ Is having one enough?
- Potentially Costly Cases
- The Role of the WIC Physician
 - ▣ Chronic Disease Management



Benefits and Conclusion

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- WIC Scrutiny
 - ▣ Filling in the Void
- Relevance of Findings
- Future Research

Acknowledgment

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THANK YOU FOR YOUR TIME!

Questions?